Kentucky Retirement Systems
Perimeter Park West
1260 Louisville Road
Frankfort KY 40601-6124
Phone: (502) 564-4646
Fax: (502) 564-9198
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REQUEST FOR A PERSONAL IDENTIFICATION NUMBER AND AUTHORIZATION TO PROVIDE CONFIDENTIAL ACCOUNT INFORMATION BY TELEPHONE

Name:	Applicants SSN:	
Address:		
Update my address on file with KRS	() Daytime Telephone Nu	
Please provide me with a personal identification number (PIN) so I will be able to obtain confidential information regarding my account by telephone. I hereby authorize Kentucky Retirement Systems to provide information regarding my account by telephone to any caller stating the PIN assigned to me by Kentucky Retirement Systems. I understand that the Kentucky Retirement Systems has a statutory duty under KRS 61.661 to administer my account in a confidential manner and will only release information regarding my account by telephone with my authorization. I also understand that I have a duty to protect my PIN because the PIN could be used by anyone to obtain my confidential account information by telephone. I may change my PIN at any time, for any reason, by filing a new Form 1000 with Kentucky Retirement Systems. If I wish to revoke my authorization, I understand that I must file a written revocation with Kentucky Retirement Systems. I understand that this authorization to provide confidential account information by telephone is for my convenience. In exchange for the convenience of accessing my account information by telephone, I hereby agree to hold harmless Kentucky Retirement Systems and shall indemnify Kentucky Retirement Systems for any loss or penalty, including reasonable attorney's fees, associated with the release of confidential account information in accordance with this authorization.		
SIGNATURE:	DATE:	
TO BE COMPLETED BY NOTARY PUBLIC		
STATE OF	COUNTY OF	
The foregoing instrument was acknowledged before me this	day of	, 20
by		
	Notary Public	
My Commission Expires:	_	